



## MENTEE APPLICATION: MENTORING MOMS

*(To be completed by teen mom and signed by parent/guardian if teen is a minor)*

### Contact Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Other Phone# \_\_\_\_\_

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_

Religion \_\_\_\_\_

Are any of your family members currently incarcerated? **Yes** **No**

First Language \_\_\_\_\_ Second Language \_\_\_\_\_

Please describe your household (with whom do you live?) \_\_\_\_\_

\_\_\_\_\_

1135 Lincoln Street  
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(530) 529-4120 : fax

[www.tehamamentoring.org](http://www.tehamamentoring.org)

### School Information

School Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Counselor's Name (if applicable) \_\_\_\_\_

Reason for Counseling: \_\_\_\_\_

List all organizations or programs in which you are currently involved. (For example, Scouts, 4H, church groups, social service programs). \_\_\_\_\_

\_\_\_\_\_

List any physical limitation or special needs you have: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any special medical care you receive other than for your pregnancy and the doctor who cares for you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Have you received assistance from another agency or clinic, such as Family & Children Services, NVCSS or another mentoring program? **Yes** **No**

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Were you referred to Tehama County Mentoring Program by another agency? **Yes** **No**

If yes, which agency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you are pregnant**

Do you receive regular prenatal medical care? **Yes** **No**

If yes, where do you receive it and who is your medical provider: \_\_\_\_\_

Are you receiving services from WIC? **Yes** **No**

**If you are parenting (have already delivered)**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Was baby born premature? **Yes** **No** Hospital \_\_\_\_\_

Birth weight \_\_\_\_\_ Are you receiving services from WIC? **Yes** **No**

Where do you go for well-baby visits? \_\_\_\_\_

**If you are pregnant or parenting**

Do you receive services from NVCSS Nurse Home Visitation? **Yes** **No**

Do you receive services from Cal Safe (Barbara Thomas or Michelle Rosauer)? **Yes** **No**

Why would a mentor be beneficial to you? What do you hope to learn or accomplish with your mentor? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your dreams for your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Teen's Parent or Guardian's Contact Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Other Phone# \_\_\_\_\_

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_

Ethnicity \_\_\_\_\_ Religion \_\_\_\_\_

First Language \_\_\_\_\_ Second Language \_\_\_\_\_

If you do not have a phone, please list a neighbor or relative where you can be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Teen's Parent or Guardian's Employment Information**

Are you currently employed?    **Yes**    **No**

Name of Employer \_\_\_\_\_ Position \_\_\_\_\_

Can you be reached at work?    **Yes**    **No**    Best time to contact: \_\_\_\_\_

If you are not currently employed, please list your source of income: \_\_\_\_\_

**Teen's Parent or Guardian's Education**

Name of Parent: \_\_\_\_\_

Highest Level of Education Completed: *(Circle One)*

**High School**    **Community College**    **Technical College**    **University**    **Other** \_\_\_\_\_

Degree(s) Earned: \_\_\_\_\_

City of the School: \_\_\_\_\_ State \_\_\_\_\_

Subject Studied : \_\_\_\_\_

**Teen's Parent or Guardian's Current Family Status** *(Circle One)*

**Married** (Date: \_\_\_\_\_ )    **Divorced** (Date: \_\_\_\_\_ )

**Separated** (Date: \_\_\_\_\_ )    **Single or Dating**    **Other**

Does your spouse or significant other live with you?    **Yes**    **No**

Spouse or significant other's name: \_\_\_\_\_

Spouse or significant other's occupation: \_\_\_\_\_



Do any of the following apply: common law arrangement, live-in relationships, or special situations.     **Yes**     **No**

If yes, please explain: \_\_\_\_\_

In order of their births, list all children presently living in your home:

1. Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School/Occupation \_\_\_\_\_ Grade \_\_\_\_\_
2. Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School/Occupation \_\_\_\_\_ Grade \_\_\_\_\_
3. Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School/Occupation \_\_\_\_\_ Grade \_\_\_\_\_
4. Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School/Occupation \_\_\_\_\_ Grade \_\_\_\_\_
5. Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School/Occupation \_\_\_\_\_ Grade \_\_\_\_\_

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**Non-Custodial Parent Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Other Phone# \_\_\_\_\_

How much contact does the non-custodial parent have with the child? \_\_\_\_\_

If you have joint custody, does the other custodial parent support your child becoming a mentee?

**Yes**     **No**

List all others who live in your home, such as grandparents, other relatives, or roommates:

1. Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Relationship \_\_\_\_\_
2. Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Relationship \_\_\_\_\_
3. Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Relationship \_\_\_\_\_
4. Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Relationship \_\_\_\_\_



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Do you object to the agency notifying the absent parent of the child's participation with Tehama County Mentoring Program?    **Yes**    **No**

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*NOTE: Absent parent notification will not be made until you have signed a release of information.*

\_\_\_\_\_  
**Teen Mother's Signature**

**Date**

\_\_\_\_\_  
**Teen's Parent/Guardian Signature**

**Date**

**Please mail application to:**

*or*

**Fax application to:**

Tehama County Mentoring Program

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